PTO/SB/05 (08-03)

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UTILITY PATENT APPLICATION **TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	36201	\bigcap
First Inventor	Jeff S. Franke	
Title	CHAIN SAWLOCKING	TEET
Express Mail Label No.	EL 981274642US	

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450							
1.	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. Paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. X Assignment Papers (cover sheet & document(s)) 3 pgs. 10. 37 CFR 3.73(b) Statement Power of (when there is an assignee) Attorney 11. English Translation Document (if applicable) 11. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations (1) 13. Preliminary Amendment 14. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. Check							
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:								
Continuation Divisional Continuation-in-part (CIP) of prior application No.: Prior application information: Examiner For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.								
19. CORRESPON	DENCE ADDRESS							
Customer Number: 00116	OR Correspondence address below							
Name								
Address								
City	State Zip Code							
Country	elephone Fax							
Name (Print/Type) Ronald M. Kachmarik Registration No. (Attorney/Agent) 34512								
Signature Wow Mile-C	Date 01/08/04							

This collection of information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-03)

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EEE TO A NOMITTA		Complete if Known						
FEE TRANSMITTAL			Application Number					
for FY 2004		Filing Date						
_			First Named Inventor Jeff			S. Fra	nke	
Effective 10/01/2003. Patent fees are subject to annual revision.		Examiner Name						
Applicant claims small entity status. See 37 CFR 1.27		Art Unit						
TOTAL AMOUNT OF PAYMENT (\$) 810.00		Attorney Docket No. 36201						
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)							
Check Credit card Money Other None		3. ADDITIONAL FEES						
XX Deposit Account:	<u>Large</u>	Entity	Small	Entity				
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The Director is authorized to: (check all that apply) Charge fee(s) indicated below X Credit any overpayments		2,520	1812 2	2,520	For filing a requ	est for ex par	te reexamination	├ ──┤ !
Charge any additional fee(s) or any underpayment of fee(s)	1804	920*	1804		Requesting pub Examiner action		R prior to	
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		5 1,840*	1805		Requesting put Examiner action	olication of SI	R after	
FEE CALCULATION	1251	110	2251	55	Extension for re	eply within firs	st month	
1. BASIC FILING FEE	1252	2 420	2252	210	Extension for re	eply within se	cond month	<u> </u>
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1001 770 2001 385 Utility filing fee	1255	5 2,010	2255	1,005	Extension for re	eply within fift	h month	┝══┩┇
1002 340 2002 170 Design filing fee	1401		2401		Notice of Appe			
1003 530 2003 265 Plant filing fee	1402		2402		Filing a brief in	• •	appeal	
1004 770 2004 385 Reissue filing fee	1403	3 290	2403 1451		Request for ora	_	no proceeding	
1005 160 2005 80 Provisional filing fee	1452		2452		Petition to instit Petition to reviv	-		
SUBTOTAL (1) (\$) 770		3 1,330	2453		Petition to reviv			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1,330	2501		Utility issue fee			
Extra Claims below Fee Paid		2 480	2502	240	Design issue fe	ee		
Total Claims 0 -20** = U X 3 = U Independent Z -3** = 0 X = 0	1503		2503		Plant issue fee			<u> </u>
Claims Multiple Dependent	1460 1807		1460		Petitions to the			<u> </u>
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Code (\$) Code (\$) 1202 18 2202 9 Claims in excess of 20	8021		8021		property (times	number of pr	roperties)	40
1201 86 2201 43 Independent claims in excess of 3	1809	770	2809	385	Filing a submis (37 CFR 1.129		al rejection	
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	For each additi	onal inventior	n to be	
1204 86 2204 43 ** Reissue independent claims over original patent	400	4 770	2004	205	examined (37 (• •	•	
1205 18 2205 9 ** Reissue claims in excess of 20	180 1802				•		mination (RCE)	<u> </u>
and over original patent		1802 900 1802 900 Request for expedited examination of a design application						
SUBTOTAL (2) (\$) 0		er fee (sp		iline C	no Doid			<u></u>
**or number previously paid, if greater, For Reissues, see above *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 40								
SUBMITTED BY (Complete (# applicable))								
Name (PrintType) Ronald M Kachmarik		Registration No. (Attorney/Agent) 34512 Telephone 2			216-579-	1700		
Signature 100 Miles						Date	01/08/0	

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